EADV honours scholarship winners in Geneva

Forty young dermatologists from around the world were awarded EADV scholarships at a special ceremony during the 26th EADV Congress in Geneva this year.

Under the auspices of the EADV’s Honours & Awards Committee, chaired by Dr Michael Boffa, 18 applicants (out of 49) from Central, Eastern, Northern and Western European countries received the Michael Hornstein Memorial Scholarship; 10 young doctors (out of 44 applicants) from Mediterranean countries and Southern Europe were awarded the John Stratigos Memorial Scholarship; and there were 8 recipients (out of 34 applicants) for the Imrich Sarkany Non-European Memorial Scholarship. In addition, 3 young colleagues received the EADV-AAD Grant.

The Committee also provided 466 fellowships of a reduced registration fee for the Congress. The Alumni Club Lecturer of the Year award was awarded to Dr Elisa Cinotti from Siena, Italy, a promising and active member of EADV.

Dr Boffa welcomed the winners to the ceremony and congratulated them on their success. He invited all members of the Committee, along with past Chairman Prof Christos Zouboulis, as well as other honoured guests to participate in the presentation of the awards. Prof Alexander Stratigos (former chairman of the Project Proposal Review Committee) presented the awards named in honour of his late father, the John Stratigos Memorial Scholarship.

Every year, EADV announces scholarships and awards for EADV members, not only from European countries but all around the world. In recent years, applications...
The EADV Honours and Awards Committee, under the chairmanship of Dr. Michael Boffa, offers scholarships consisting of a free registration to the Symposium and EUR 1000, minus the fee of a one year EADV membership (for the upcoming calendar year), according to the status of each recipient.

**MICHAEL HORNSTEIN MEMORIAL SCHOLARSHIP**  
EADV will offer this scholarship to one selected applicant from each Central, Eastern, Western & Northern European country.

**JOHN STRATIGOS MEMORIAL SCHOLARSHIP**  
EADV will offer this scholarship to one selected applicant from each Southern European & Mediterranean country.

**IMRICH SARKANY NON-EUROPEAN MEMORIAL SCHOLARSHIP**  
EADV will offer this scholarship to a maximum of eight (8) young dermato-venereologists from non-European countries.

**MANDATORY CRITERIA**
- Young dermato-venereologists or residents/trainees under 35 years of age
- Must not have previously received an EADV Scholarship
- Must have adequate knowledge of the English language

**REQUIRED DOCUMENTATION (in English only)**
- The Scholarship Application Form completed online
- A short CV (not more than 3 pages)
- A list of publications written as explained in the document “How to prepare my publications list” available online
- A letter of support written by a “Specialist” EADV member endorsing the application
- A letter of support, written on official headed paper, signed and stamped, written either by the training director/ head of department, hospital or clinic endorsing the application
- A current copy of the applicant’s training certificate in English indicating the start and end date or specialist certificate
- A copy of ID (i.e. identity card, passport) with a passport-size photo

**Important:** Only complete applications filled in according to the requested format will be considered by the Honours and Awards Committee. Applications that are incomplete and/or not filled in according to the requested format will be automatically rejected.

**OPENING DAY: 1 SEPTEMBER 2017**  
**APPLICATION DEADLINE: 1 DECEMBER 2017 (12:00 AM CET)**

Further information & application form available at: [http://www.eadv.org/scholarships](http://www.eadv.org/scholarships)
We are a prosperous society ... in the quality of our members!

Yes, we are a prosperous society. We enjoy a steadily increasing membership and continuously growing number of participants at our annual congresses which allows us to support our activities. In this period of growth, it is important to stay true to the spirit of the Academy. Anonymity is not a characteristic of EADV, which was started as a group of friends, with some of us having experienced these old (good) times. We remain a community based on personal relationships through which to foster the exchange of ideas and knowledge and support our professional development.

Trust is the basis

We are a non-profit academic organisation, which is dedicated to the continuous education of its members. We exist because our individual members, supporting organisations and industrial partners trust us and we may survive as long as this trust keeps going. We provide continuous education and we receive trust. Our existence depends exactly on the meaning of this short but sensitive word: TRUST. Trust is a very human and personal relationship, based on one of the noblest characteristics of the human species, education. And education guarantees the acquisition, conservation and increase of knowledge. Such a very human relationship needs continuous personal exchange. We are a rich society because we have numerous trusting members and our trusting members are our wealth!

Continuous education

Education is a means to empower all individuals alike to become active participants in the transformation of their environment. Learning should also focus on the values, attitudes and behaviours which enable individuals to learn to live together in a world characterised by diversity and pluralism (modified from http://www.unesco.org/new/en/social-and-human-sciences/themes/fight-against-discrimination/role-of-education/). Education is essential for every society and individual. It is life itself. Individuals have various qualities which should be continuously developed for the improvement of the society and to enable an individual to realise his/her highest self and goals.

EADV already undertakes this responsibility in its professional sphere, offering an excellent educational programme and giving young members strong support for their dermatological all-round development and preparation for their future.

But there is still a lot to do. In addition to the consolidation and modernisation of our structures, EADV must confront the danger of mass events and anonymity by further facilitating members’ participation at our events. We have to give them more evidence of their true value, which is the reason for our existence. And we must increase the possibilities for personal exchange when they honour us with their participation at EADV events.

Care of our members and warm engagement should be the keys to our members’ hearts!

See you again in spring 2018 in Budva and please stop us (Executive Committee and Board representatives) at any time for a personal exchange of views! ●
for EADV scholarships have increased steadily and residents and junior colleagues are strongly encouraged to apply (see details at: http://www.eadv.org/scholarships.) The Honours & Awards Committee is pleased to announce that, after its proposal to the EADV Board was accepted, the number of Imrich Sarkany scholarships will in future be increased from 8 to 12 for each Congress and Symposium.

**Alumni Club**

The EADV Alumni Club, founded in 2012 for EADV scholarship winners who remain EADV members is steadily growing and now has 191 members.

Membership of the Alumni club is strongly encouraged, since it may be the beginning of young members’ active involvement in EADV activities.

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What some of the winners said about their awards...

**Dr Samipa Mukherjee, India**
**Imrich Sarkany Non-European Memorial Scholarship**

“I am a post-resident and consultant dermatologist in Bengaluru. I am especially interested in paediatric dermatology and dermoscopy. I feel very happy to have won this award, because I had the opportunity to travel to Europe, to meet other people, to attend the EADV Congress and exchange ideas about our field. Thank you very much for this award!”

**Dr Florian Anzengruber, Switzerland**
**Michael Hornstein Memorial Scholarship**

“I am a resident in dermatology and my special interests are psoriasis and acne inversa, where I perform my research. I was very happy to receive this award and attend the EADV Congress because I had the opportunity to meet people from all over the world, to see how different diseases are treated in different countries, to listen to new scientific research results and discover new fields in dermatology.”

**Dr Bela Tamasi, Hungary**
**Michael Hornstein Memorial Scholarship**

“I work in Budapest as a specialist in dermatology and my interests are sexually-transmitted diseases and autoimmune bullous dermatoses. This award was a great honour, not only for me but also for my institution because they were all very proud that I won this award. I also feel that this a great reward of my work through all these years and I am thankful.”

**Dr Bret Kaldvee, Estonia**
**Michael Hornstein Memorial Scholarship**

“I am a 4th year dermatology resident and a PhD candidate in Tallinn. My special interests are psoriasis and biologic treatments. I feel very happy to have received this opportunity to come to Geneva, meet amazing people and listen to interesting lectures. From every lecture there was at least one thing to remember. I found the whole congress very educative. It is a very important thing for young people like us to participate in such congresses, because it very inspiring and encouraging for the future.”
Dr Elisa Cinotti, Italy (Alumni Club Lecturer of the Year)

“I live and work in Siena and my special interest is dermatopathology and confocal microscopy. I remember the first time that I heard the ex-winner of the “Lecturer of the year” Dr Emiliano Antigua and I never imagined I would one day receive the award myself! I am proud to be here and strongly encourage young dermatologists to be in the Alumni club and attend EADV events.”

HONOURS AND AWARDS COMMITTEE

BOFFA Michael (MT) Chairperson
COSGAREA Rodica (RO)
DARLENSKI Razvigor (BG)
POPESCU Catalin Mihai (RO)
SKILJEVIC Dusan (RS)
LIAKOU Aikaterini (DE) co-opted Junior member

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Michael Hornstein Memorial Scholarship

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John Stratigios Memorial Scholarship

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Imrich Sarkany Non-European Memorial Scholarship

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<td>1</td>
<td>Cathy Yunja</td>
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Lecturer of the Year Award

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<tr>
<td>1</td>
<td>Elisa</td>
<td>Cinotti</td>
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EADV - AAD Grant

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<td>Annie</td>
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SAVE THE DATE!

2018 AAD ANNUAL MEETING
16-20 FEBRUARY • SAN DIEGO, CA

Expand your knowledge in dermatology through hundreds of educational sessions and meet with dermatologists from around the world.

Registration opens in November 2017!

AAD.ORG/AM18
The 2017 Brussels EADV Spring Symposium proved to be yet another successful scientific event and I am sure that you are curious concerning the exact evaluation data collected.

First of all, special thanks and congratulations go to our host Prof Jo Lambert and her team, who collaborated very closely with the hard-working SPC and EADV administrative staff. The invaluable feedback from session evaluation forms and headcounts shows that all scientific sessions were evaluated as highly important and informative. The difference between the best and worst ranked ones, out of 175 speakers, was slightly broader compared to previous years - 40 percentage points (between the rating for the best one of 96% and the 'worst' one of 56%).

Brussels hosted speakers from 31 countries. The speakers from Poland, Australia, Greece, Serbia, United Kingdom, Switzerland, USA, Spain, Sweden and Czech Republic were rated the highest.

The highest-rated sessions for which at least 120 evaluation forms were received were:
- D2T1.3 Melanoma
- D3T5.1 Hot topics in dermoscopy
- PLNS Opening plenary lecture
- PL-B Plenary lectures B
- D2T5.2 Systemic treatments
- D2T3.1 Interface dermatitis
- D2T5.1 Topical treatments
- D2T2.2 STIs
- D2T5.4 How to best use systemic treatments
- D1T1.4 Cutaneous lymphomas and pseudo-lymphomas

The most attended sessions and topics were:
- PL-B Plenary lectures B (with 346 evaluation forms)
- D2T1.3 Melanoma (246)
- PL-A Plenary lectures A (235)
- D1T3.2 The spectrum of lupus erythematosus (221)
- D2T3.2 Granulomatous diseases (215)
- D3T2.2 What’s new (197)
- PLNS Opening plenary lecture (191)

The top ten speakers for whom at least 120 evaluation forms were collected and who reached the average mean between 96 and 90 per cent were R Grimalt, C O'Mahony, O Aerts, M Arenbergerova, K Vossaert, L Rudnicka, C Griffiths, M Mockenhaupt, B Cribier and M Starace.

On a positive note, 32% of returned evaluation forms came from residents. Only 25% of respondents had their registration paid by industry (similar to Athens and as compared to 37% in Valencia or 50% in Prague). In correlation to this point, 10% of respondents felt that sessions contained commercial bias compared to 18% in Athens, 21% in Valencia or 15% in Cracow.

Noteworthy comments included the need for better slide preparation, slower delivery, clinical relevance and complaints related to speakers. The SPC and CME-CPD committees will as always do their utmost to address these issues. The overall comments were, however, very positive.

As always we recommend participants complete their evaluation forms, rate all attended presentations, and give them back to the staff at the doors of the session halls.

Petr Arenberger MD PhD
CME-CPD Committee Chairman
I accepted with great joy the invitation from the EADV Project Proposal Review Committee to write an article about the EADV-supported project for the development of a European Hidradenitis Suppurativa Registry. It is a perfect opportunity not only to describe the project, its main scope and goals but also, most importantly, to promote how the support from EADV-facilitated pan-European collaboration, research, education, progress of junior researchers, early dissemination of valid evidence at a European level and better treatment for hidradenitis suppurativa (HS) patients in daily clinical practice.

The project was selected in 2015 and the EADV financial support applied for the years 2016-2017. The objective of the project was the development of a European registry for HS patients which would aim to recruit and enrol all patients with HS diagnosed and treated in the participating centres. HS is a multifactorial, chronic, recurrent, debilitating, inflammatory skin disease, which can lead to severe scarring and disability and is associated with reduced quality of life, depression, working disability, pain, social stigmatisation and several cardiovascular risk factors. At the time of initiation of the registry, HS was an under-recognised and under-studied skin disease. The only available registry at that time point was the Norwegian one (HISREG) in a national level.

Network of centres
So, the first goal and achievement of this registry was the establishment and organisation of a network of centres and dedicated physicians at a European level who agreed to register a core data set of important variables, both physician- and patient-rated, at specific time points. A web-based system was developed for data capture to ensure appropriate collection of data, monitoring, storing and valid reviewing. This goal was achieved and also facilitated the education and progress of a young dedicated scientist, Dr Mathilde Daxhelet, who, under the supervision of Prof Del Marmol, coordinated this effort. The first article was published in the JEADV (Daxhelet M, et al. Establishment of a European Registry for hidradenitis suppurativa/acne inversa by using an open source software. J Eur Acad Dermatol Venereol 2016; 30: 1424-6) and further strengthened the co-operation of centres.

The registry also facilitated the capture of daily clinical data in a secure and efficient manner in the relevant centres along with the early dissemination of valid evidence at a European level. Once the co-operation started, initiation of common research efforts and networking became much easier. This was highlighted in the European effort to create a validated tool for the dynamic severity assessment of HS as such a validated tool was lacking. The European Hidradenitis Suppurativa Foundation took the initiative to commence a pan-European effort to create and validate such a novel scoring system. The EADV-supported registry was the perfect platform to assist such an effort. With close co-operation the new score was created, validated and recently published (Zouboulis CC, et al. Development and validation of IHS4, a novel dynamic scoring system to assess hidradenitis suppurativa /acne inversa severity. Br J Dermatol 2017). This is a
Several skin diseases have a chronic course and are difficult to treat. Because of skin lesions and other symptoms patients may have subjective complaints and experience varying impacts on different aspects of their lives. Quality of life (QoL) instruments are used to measure this impact. QoL assessment is included in many national guidelines in dermatology. Children with skin diseases also often experience a negative impact on their lives. It was reported that with the help of illustrations and interview forms children are able to assess their health-related quality of life (HRQoL) from the age of 4-5 years. However, younger children may also have severe impact as was reported in atopic dermatitis by disease-specific proxy instruments. QoL of young children with other skin diseases may also be significantly affected. Meanwhile, reviews of the literature in this field revealed an absence of validated dermatology-specific HRQoL proxy instrument to be used in this age group and the importance of such a questionnaire (see Figure 1).

Members of the EADV Task Forces on QoL and Paediatric Dermatology were invited to participate and share information about the project in paediatric dermatology units. After analysis of the literature search results, a promising and innovative approach to create a new proxy dermatology-specific QoL instrument by international groups of specialists, as in the case of the European KIDSCREEN/DISABKIDS project, with subsequent simultaneous validation in all participating international centres was selected. This method may help to avoid the problem of cross-cultural inequivalence.

We considered that our project ideally suits the requirements of the EADV grants involved in this project and especially Profs Zouboulis, Jemec and Del Marmol for their continuous support and Dr Daxhelet for her efficient work and co-ordination.

And above all: THANK YOU EADV!

Thrasyvoulos Tzellos MD
(Norway)

Infants and Toddlers Dermatology Quality of Life (InToDermQoL)

An international dermatology-specific proxy instrument for the assessment of health-related quality of life in children 0-4 years of age supported by an EADV grant
skin diseases (3 age groups, 3 degrees of severity, both genders) were asked to complete the pilot version of the questionnaire. In addition to filling out the questionnaire, there is a short cognitive debriefing session, in which items of the newly developed instrument should be discussed with parents as regards their comprehensibility, clarity and acceptance. According to the preliminary results most of the parents well understood all the questions of the instrument and had no problem to answer it. However, we'll add some clarifications to make questions even clearer. Primary psychometric tests should also be performed at this stage. The next step will be international field tests of the InToDermQoL questionnaire. Creation of the new dermatology-specific QoL instrument which targeted a new age group may help to improve results of the treatment, education programmes and consultation in children with skin diseases at local, regional, national and international levels. The appearance of a reliable instrument for a targeted group may also stimulate researches in this field.

Please join us!
Our working group warmly invites other national centres to join the project. If your centre is working with paediatric dermatology patients and you are interested in collaborating, please contact me: chernyshovpavel@ukr.net.

Pavel V Chernyshov MD PhD
Department of Dermatology and Venereology
National Medical University
Kiev, Ukraine
Methylisothiazolinone (MI) is a biocide which is effective in low concentrations. Biocides are needed to prevent the growth of microorganisms in products containing water, such as most cosmetics, skin care products, soaps, paints, cutting oils etc. MI has for decades been used in combination with methylchloroisothiazolinone (MCI) as a biocide in a 1:3 combination.

Around 2000, MI was introduced as a standalone biocide first in occupational products and from 2005 permitted in cosmetics in 100 ppm (0.01%), which is a 25-fold higher concentration than in the MI/MCI combination. The first occupational cases of MI allergy, which were due to paints, were published in 2004 and from cosmetic products, which were due to wet wipes, in 2010. Thereafter, the continued use of MI as a biocide in cosmetic, household and industrial chemical products has resulted in an unprecedented increase in the incidence of contact allergy to MI in Europe, US and Australia.

**Regulations**

Scientists, national health and environmental authorities have for several years tried to raise awareness of the European outbreak of contact allergy to MI. In 2013, the European Commission (EC) requested an opinion (SCCS/1521/13) from the Scientific Committee of Consumer Safety (SCCS). The SCCS concluded that “For leave-on cosmetic products, a concentration of 15 ppm (0.0015%) MI is considered safe for the consumer from the view of induction of contact allergy.” After the submission of additional data from the cosmetic industry concerning the safety of MI in rinse-off cosmetic products and stay-on hair products, the SCCS published a new opinion (SCCS/1557/15) and arrived at the same conclusion as in their earlier opinion (SCCS/152/13).

Based on this EU member states agreed on a ban of MI in leave-on cosmetic products, which has been in effect from early 2017. In March 2017 the member states agreed on limiting the use of MI in rinse-off cosmetic products to 15 ppm, as suggested in the SCCS opinion; the implementation date is not known. Concerning industrial products it was agreed by member states in spring 2017 that MI is a contact allergen and the warnings (H317) should be in the safety data sheet and/or on the product label if MI is present in or above ≥ 15 ppm in industrial products and MI mentioned as an ingredient (labelling) if present at ≥ 1.5 ppm.1

**European Study on MI Contact Allergy**

Even though a lot of data on MI contact allergy epidemiology in individual countries had been published, no pan-European studies had yet been launched concerning crucial exposures to MI. The European Environmental Contact Dermatitis Research Group (EECDRG) obtained an EADV grant 2015 to perform such a prospective study across many European countries in order to provide more detailed data to support the regulation process, and to monitor potential intervention effects.

A study was launched in 11 dermatology departments from 8 European countries (Belgium, Denmark, Finland, United Kingdom, Italy, Portugal, Spain and Sweden) and data prospectively collected for 6 months in 2015 using a standard case record form among consecutive patients who were patch-tested positive to MI. In this baseline study data from 3434 patch-tested patients were collected, of whom 6.0% were allergic to MI, with a broad range from 2.6% in Bari, Italy, to 13% in Helsinki, Finland. The majority of these were incident cases as they had noted onset of their dermatitis between 2013 and 2015. The MI allergic patients most often had hand and/or facial dermatitis. In 2 out of 3 patients MI was found of current relevance, which means that a current exposure could be identified which had caused or significantly contributed to the dermatitis, mostly exposure to MI in both rinse-of and stay-on cosmetic products. In 16.8% of patients relevant occupational exposures were identified such as cleaning agents, water-based paint, glue, lacquer, and/or cosmetic products and household products at the workplace. In total 73% of patients with MI contact allergy had experienced allergic reactions due to airborne MI exposure when staying in newly painted rooms.2
The EEC DRG continued collecting data on MI allergic patients in 2016 and currently for 2017 in the EADV-supported project. The data will reveal if there are any first effects of the regulatory steps taken. Publication is expected in 2018. Together with surveillance data on morbidity, exposure information thus collected will enable evaluation of the success of interventions thus far achieved, and may identify further areas where action is needed.

Conclusion

Clinically relevant MI contact allergy remains prevalent across European countries mainly due to exposure to cosmetic products, with a shift from leave-on to rinse-off type products. 

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References

EADV sponsored the SCOPE-ITSCC metastases study for the years 2016 and 2017. This long-term multi-centre prospective observational study started in 2013 and will finish in 2020. The study was initiated by SCOPE (Skin Care in Organ Transplant Patients Europe, http://www.scopenetwork.org/) in close collaboration with its American sister organisation ITSCC (International Transplant Skin Cancer Collaborative, http://www.itscc.org/).

Role of immunosuppression

The burden of cutaneous squamous cell carcinoma (cSCC) is very high among organ transplant recipients (OTR). Many of these patients develop multiple cSCC with some developing even more than 100 cSCC. cSCC has the potential to metastasise. This risk varies in the literature between 0.1% and 9.9% per patient. Approximately, 90% of the cSCC metastases will appear within 1 to 2 years after the initial diagnosis of the cSCC.

In the immunocompetent population, various criteria are determined which carry a higher risk of regional or systemic metastases. These variables include tumour localisation, size, thickness and histological grade and perineural tumour invasion.

Immunosuppression is often mentioned as a risk factor for developing metastases. In one study the metastatic rate of cSCC is estimated at 13% in the presence of...
According to the literature cSCC found in OTR often have a higher proportion of histological high-risk features compared to controls. OTR develop 60- to 100-fold more cSCC than immunocompetent patients. No prospective clinical studies are available to estimate the role of immunosuppression in metastatic behaviour of a cSCC in OTR. Therefore, we planned a study to estimate the cumulative incidence of and risk factors for cSCC metastases in these patients.

**Objectives**

The first objective of this study is to estimate the cumulative incidence of metastases of cSCC in OTR during a 2-year follow-up period of the index cSCC. The second is to assess possible risk factors for metastases in these patients such as tumour localisation, tumour size, thickness and grade, perineural tumour invasion and patient-related risk factors such as sex and age, skin type, sun exposure, smoking, and number of previous cSCC, immunosuppressive regimens.

**Results**

**Tumour characteristics**

Since 2013, 26 centres in 16 countries in Europe (Netherlands, Switzerland, France, Belgium, Italy, Spain, Portugal, England, Scotland, Poland, Turkey, Czech Republic, Austria), USA, Canada and Brazil have participated in the study. Until September 2017 we included 417 OTRs with 450 SCC. The average age of these patients is 67, with a mean age at transplantation of 48. Most tumours (61%) are located in the head and neck area. Mean tumour size is 2.8 cm, with a range of 0.2-8 cm. Eighty-two percent of the tumours are well or moderately differentiated, while poor or undifferentiated grade tumours are present in 13%. No invasion beyond the dermis is seen in 75% of the SCC.

**Follow-up**

Out of the 417 patients, 213 have already reached the minimum of two years of follow-up. From 152 patients with 170 SCC, a preliminary analysis of the follow-up data was carried out. So far, 7 patients (5%) had developed a metastasis and 18 patients died during follow-up, of which 4 were due to metastasis. Organ metastasis was present in 2 patients (1 lung and 1 bone metastasis). The immune regime during follow-up stayed the same in 57.2% of the patients. Changes were seen in dose reduction (10.1%), switching or stopping immunosuppressive drug (24.6%) or both (8.0%).

**Future**

Our goal is to include patients until the summer of 2018. After that time subsequent follow-up will last for two more years. At the end of the study in 2020, we hope to have more than 500 cSCC included, so that we can properly estimate the cumulative incidence of cutaneous SCC metastases in OTR. This cohort provides prospectively collected data about cSCC. This gives us the opportunity to perform a nested case-control study, with metastasised cSCC and matched non-metastasised cSCC to assess risk factors for metastasis.
Congenital melanocytic nevi (CMN) are benign pigmented lesions, present at birth or becoming apparent in the first months of life. Compared to acquired melanocytic nevi, CMN are often larger in size sometimes covering large parts of the body, contain a mottled heterogeneous morphology and may change during a lifetime. There is a large inter-individual variety in size, localization and morphology of CMN.

CMN occur in about 1% of newborns, making them a core interest for every dermatologist. The incidence of CMN decreases when the size of the nevus increases: to 1 in 20,000 newborns for CMN that will reach at least 20 cm in adulthood. Small lesions are most often without consequence, but large CMN can carry a devastating psychosocial burden and increased risk of malignant melanoma.

After years of research, the best treatment policy in CMN is still under debate: whether to treat or not, and by which therapy? Since recent studies indicate a lower malignant risk than has previously been estimated, and surgery has not been proven to lower that risk, this raises the question whether extensive surgery on CMN still benefits the patient.

Patients with larger CMN need several, often painful operations, which do not always improve the cosmetics results and may even result in undesirable aesthetic and functional outcomes.

In addition, extensive surgery in small children may not be without risk, due to anaesthetics but also because of having to treat large areas of skin. Unfortunately, the literature is lacking in reliable data on patient-important outcomes (such as aesthetics, functionality, patient satisfaction, treatment-related quality of life) and risks of treatment. These uncertainties put a large burden on patients with CMN and their parents, added to the cosmetic burden and fear of malignancy they already have with a CMN.

**Patient-important outcome measurements**

We can only solve this situation by paying more attention to patient-important outcomes and safety of treatments. Therefore, to solve the treatment dilemma and improve the life of patients with CMN, our goal is to define a core set of patient-important outcome measurements that can be used in the follow-up of the patients before, during and after the treatment.

This project is the initiative of an international collaboration. To reach the core set of criteria literature reviews will be performed, and subsequently the group of international experts in CMN (both physicians and patients) will reach consensus on the patient-important outcome measures by using the Delphi method. If needed, validation studies on outcome measure(s) will be performed within the CMN population.

We will develop a digital personal health record plan including tools to easily and safely register outcomes and clinical data in patients. This format for a digital registry will be made available internationally to facilitate international implementation.
**Digital registry**

Once defined, the developed core set of measures can also be used in patients with other diseases with visible anomalies. Furthermore, the digital registry integrated in a personal health record of the patient provides a format that can also be used for many other diseases, like rare dermatoses. Once consensus is reached and the core set of measures is established, the core set will be promoted internationally by means of international publication(s), and within nations by and to the specific experts enrolling patients into the registries. Furthermore, the performed reviews and studies will be published in international journals.

As stated before, broad international implementation of the results of this project is mandatory in order to reach our goals. To facilitate easy registration on outcome measures we will create a digital patient-centered CMN Personal Health Record and CMN research database, based on the DermHome model (www.huidhuis.nl). Huidhuis.nl is an information and knowledge platform in the Netherlands, which includes a symptoms checker to enable patients, parents and professionals to find their diagnosis, self-management tools and treatment plans used both for (transmural) patient care, including a treatment plan for CMN with a tool to predict the expected diameter at adult age, and the possibility to upload photographs. Within this platform all clinical data on CMN patients, both patient- and physician-entered data, can be collected and data are protected.

Steps within this project:

- define and install the dedicated international expert group to be involved in the consensus meetings
- perform a systematic review on all outcome measures used in publications on therapies in CMN
- reach consensus on the domains to be included in the core outcome set
- perform review(s) on outcome measures to measure the domain(s) if needed
- reach consensus on the outcome measures to be included in the core set
- if possible validate possible invalidated outcome measures in the CMN population
- start implementation of the core set of standardised and validated outcome measures in CMN internationally, to be included in national prospective registries on CMN
- provide a digital personal health record where the data of CMN patients can be registered by patients and professionals.

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This calling attention to the irreversible decay in the moulages collection in Athens is taken from the first detailed description of the Greek moulages in 2007. The situation was frustrating not least knowing that the founder of the collection, George Photinos, described the ideal storage conditions, from knowledge he acquired during his studies in Berlin:

- Together in glass-fronted cabinets - to keep out dust and dirt.
- In rooms where black curtains could be drawn - to avoid the fading effect of sunlight.
- In dry rooms - to avoid fungus and mould growth.
- In moderate temperatures - to avoid the risk of deforming if the wax expands.
- In tempered rooms - to avoid the risk of cracks if the wax gets brittle.

Photinos was appointed as the first chairperson and professor at the 'A Sygros' Hospital in 1910. It is impressive that he succeeded in establishing and building up this large moulage collection during a century where Greece, apart from searching for its national boundaries and identity, struggled for its economic survival. For many years, however, the ideal storage conditions were neglected leaving moulages damaged and injured by heat, dust, dirt and sunlight often resulting in cracked and deathly pale figures.

Exactly 100 years later in a country once again struggling for its economic survival, it is again impressive that a demanding restoration of the museum and the moulages was finalised in 2010. When celebrating the 100th anniversary of the Sygros hospital the little museum had experienced a renaissance. The old wood cabinets have been restored, the doors have been adjusted and broken glass windows have been replaced. The old curtains have been replaced, windows have been covered and the temperature is adjusted by air-conditioning all year round, thus fulfilling the advice listed by Photinos. When entering the museum today the room to the right is reserved for moulages with venereal diseases, mainly syphilis and gonorrhoea. This room also serves as an auditorium visited by all medical students during their dermatology course thus fulfilling the idea and the meaning of a moulage originally produced for teaching (Fig 1). The room to the left stores moulages depicting a wide range of skin diseases and malignant tumours. Solid platforms with staircases to the upper level invites the visitor to view the many moulages stored three metres above the floor (Fig 2).

Favouring the Greek moulages is understandable. The museum however

Continued on page 18
Important information for EADV members

In order to continue delivering high standard services for our members, EADV will introduce changes to the membership fee categories on 1 January 2018.

The JEADV is going electronic!

For those wishing to receive the hard copy version of the journal in addition to the electronic one, membership fees will increase by €30. The fees for those who opt for only an e-version will not change. The increase is in line with the EADV’s vision in aligning ourselves with the global dermatological community.

In the digital age – as more members opt for only an e-version of the JEADV, the burden of printing and postage costs can be alleviated and we will be making a sustainable contribution towards preserving the environment.

EADV’s membership still represents great value for money. All the members will continue to benefit from full access to the online version of the journal both on the browser and on the JEADV App which will be launched very soon.

New annual fees for 2018

**EUROPEAN**

- Specialist: €150 (electronic only) or €180 (paper + electronic)
- Junior: €50 (electronic only) or €80 (paper + electronic)
- Retired (former EADV members only): €75 (electronic only) or €105 (paper + electronic)
- Ordinary (Non-Specialist in Dermatology and/or Venereology): €170 (electronic only) or €200 (paper + electronic)

**NON-EUROPEAN**

- International: €150 (electronic only) or €180 (paper + electronic)
- International Trainee: €75 (electronic only) or €105 (paper + electronic)
- International Retired: €75 (electronic only) or €105 (paper + electronic)

2018 membership dues will be open for payments starting from 1 November 2017. An official communication will be sent in due course.

Members who would like to continue receiving the hard copy will be requested to settle their 2018 dues by no later than 6 December 2017 to assure continuity in the receipt of the journal.

Also holds impressive French moulages in glass showcases; these pieces could have had a more visible place in order to compare the different art of moulaging in Europe around 1900.

Being a dermatologist, many of the depicted diseases are easy to recognise. Furthermore, there are old labels with handwritten diagnoses or newer labels in front of the moulages. If familiar with Greek letters, it should thus be possible to acquire the diagnoses. However, for lay people from abroad labels in English and/or a list in English referring to the number at the moulage board would facilitate the understanding of the huge spectrum of diseases depicted. The presence of a librarian in the same building determines the opening hours of the museum, in general every morning Monday-Friday.

Dermatologists visiting Greece are sincerely recommended to pass by the museum at the ‘A Sygros’ Hospital, Dragoumi 5, 161 21 Athens. The restoring of the rooms and the restoration of the moulages was possible thanks to a grant from the state under the auspices of the then director of the Sygros hospital Prof Andreas Katsambas (and a past-President of EADV) and invaluable help and instructions from local experts in the field.

Anne-Marie Worm MD DMSci
Guest researcher - specialist in dermatovenerology
Medical Museion
Department of Public Health
University of Copenhagen, Denmark

References:
Dear EADV members,

I am very pleased that my first communication to you as Secretary General in EADV News is regarding open positions on the EADV Board and Committees.

Our educational offerings, possibilities for research funding and scientific contributions by members under the umbrella of the Academy have made us the crème de la crème of dermatological societies.

We have become this strong and reached this level because of members like you. We need to ensure that we maintain this standard and that we continue to grow positively and responsibly. Therefore, this is your opportunity to make a real contribution to the Academy!

The following positions are vacant:

- **Board Representative** for Albania, Bosnia & Herzegovina, Croatia, Estonia, Ireland and Slovenia
- **Member** of the Ethics, SPC Western Region, Statutes & Development and Website Committees

Under the new Statutes, these roles are of particular importance and, from someone who has held various positions, an honour to hold. Please consider taking on an active role; the Academy is only as strong as its members and we need you!

You can find all the details on how to be nominated on the EADV website: [https://www.eadv.org/calls-for-nominations](https://www.eadv.org/calls-for-nominations).

Looking forward to receiving your applications!

Branka Marinovic
EADV Secretary General

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**EADV Grants**

**Call for Applications for EADV Members**

2018 SDS Grant - 48th Annual General Meeting in Glasgow, Scotland, June 2018

Once a year, the Scottish Dermatology Society (SDS) invites one (1) young EADV member from Eastern Europe to attend their Annual Meeting.

The successful applicant will receive free registration to the SDS Annual Meeting as well as a grant of GBP 750, kindly provided by SDS. SDS will provide an additional accommodation stipend of GBP 500.

The successful applicant will also have the opportunity to visit nearby dermatology departments and interact with Scottish dermatologists.

The 48th Annual General Meeting is due to be held in Glasgow, Scotland in early June 2018.

Visit our website to learn more about the award criteria, access the full list of eligible countries, and apply.

More grants will be opening soon! Contact scholarship@eadv.org for more information.
ELECTION TO THE BOARD OF REPRESENTATIVES (2018 – 2021) 

TO THE SPECIALIST MEMBERS OF EADV:

Notice is hereby given that the below positions on the EADV Board of Representatives are open.

Voting members from the following countries are eligible to elect their national representatives to the EADV Board:

- Albania (1 vacancy)
- Bosnia and Herzegovina (1 vacancy)
- Croatia (1 vacancy)
- Estonia (1 vacancy)
- Ireland (1 vacancy)
- Slovenia (1 vacancy)

Nominations must be submitted to the Secretary General by Monday, 6 November 2017 at 23:59 Central European Time.

All potential candidates are requested to carefully read and respect the following instructions:

- Only Specialist Members in good standing and with voting rights are entitled to stand for election.
- The nominees must represent the country in which their EADV membership is registered (i.e. registration country stated in the membership application).
- Nominees must be proposed and seconded by two EADV voting members in good standing who are registered in the same country as the nominee.
- The term of office of a Board Member is three years with a one-time possibility of re-election.

A complete application is comprised of the following:

1. The Nomination Form signed by the applicant and by the two endorsers
2. A short CV (max. 2 A4 pages)
3. Recent head and shoulders photograph
4. A Mission Statement (max. 300 words)
5. An updated and signed Conflict of Interest Disclosure Form
6. A signed Code of Conduct

The necessary forms as well as other relevant information can be found on the official EADV website. All documentation must be sent to eadvelections@eadv.org. NB – no other means of submission and/or incomplete or late nominations will be accepted.

All applications will be subject to approval by the Nomination and Election Monitoring Committee (NEMC). All nominees will be required to sign a Code of Behaviour upon approval of the nomination. The election of EADV Board Members will be conducted electronically in November/December 2017. It will be managed by Electoral Reform Services (ERS) of London. The voting system used is safe and confidential.

Branka Marinovic          October 2017
EADV Secretary General
CALL FOR NOMINATIONS
COMMITTEE MEMBERS (2018 – 2022)

Notice is hereby given that calls for positions on the following Committees are open:

- Ethics Committee
- Scientific Programming Committee - Western Region*
- Statutes and Development Committee
- Website Committee

The deadline for applications is **Monday, 6 November 2017 at 23:59 CET.**

All potential candidates are requested to carefully read and respect the following instructions:

- See the [Statutes](#), Section 14 for more information on eligibility
- Candidates must be proposed and seconded by two EADV voting members in good standing
- Each Committee should preferably have at least one member who is also a Member of the Board.
- The term of office of a Committee Member is four years.

*SPC European Spread – Western Region: Austria, France, Germany, Liechtenstein, Luxembourg, Switzerland

A complete application is comprised of the following:

1. The Nomination Form signed by the applicant and by the two endorsers. Candidates must clearly indicate which Committee they are applying for on the Nomination Form
2. A short CV (max 2 A4 pages)
3. Recent head and shoulders photograph
4. An updated and signed Conflict of Interest Disclosure Form
5. A signed Code of Conduct

The necessary forms as well as other relevant information can be found on the [official EADV website](#). All documentation must be sent to eadvelections@eadv.org. NB – no other means of submission and/or and incomplete or late nominations will be accepted.

All applications will be subject to approval by the Nomination and Election Monitoring Committee (NEMC).

All nominees will be required to sign a Code of Behaviour upon approval of the nomination.

Committee Members will be elected by the Board of the Representatives in an online election in November/December 2017 carried out by Electoral Reform Services (ERS) of London. Committee meetings are normally held twice a year during the Spring Symposium and the Annual Congress.

**Branka Marinovic**
EADV Secretary General

**October 2017**
EADV LEADERSHIP

Executive Committee
BORRADORI Luca (CH) President
PAUL Carle (FR) President-elect
TSCHACHLER Erwin (AT) Past President
MARINOVIC Branka (HR) Secretary General
NEUMANN Martino (NL) Treasurer
BYLAITE-BUCINSKIENE Matilda (LT) Representative of the Board

Board of Directors
ABERER Werner (AT)
ANDRASHKO Yuriy (UA)
ANTONIOU Christina (GR)
ARAVIISKAIA Elena (RU)
BAYKAL Can (TR)
BORG Helen (MT)
BUCZVALDO Dusan (SK)
BUNKER Christopher (GB)
BUXTORF FRIDELI Konstantine (CH)
CORK Michael (GB)
DE CUYPER Christa (BE)
DELEURAN Mette (DK)
DEL MARMOL Véronique (BE)
GAASTRA Menno (NL)
GISONDI Paolo (IT)
HOHL Daniel (CH)
JASAITIENE Davia (LT)
KAZANDJIEVA Jana (BG)
KEMENY Lajos (HU)
KONSTANTINOU Paschalis (CY)
MAFJA Remi (FR)
MASSA Antonio (PT)
NAGORE Eduardo (ES)
NIKOLIC Milos (RS)
OSTENDORF Rolf (DE)
PAOLI John (SE)
POPESCU Catalin Mihai (RO)
PUIG Luis (ES)
RANKI Annamari (FI)
SAHIN Sedef (TR)
SALAVASTRU Carmen (RO)
SEFTE Marcis (LV)
SERUP Jorgen (DK)
SIGURGERSSON Bardur (IS)
SOTRIADIS Dimitrios (GR)
STILET Predrag (ME)
SZEPETOWSKI Jacek (PL)
TZELLOS Thrasyvoulos (NO)
VAN MONTFRANS Catherine (NL)
VASKU Vladimir (CZ)
WOLKENSTEIN Pierre (FR)
ZAMBRUNO Giovanna (IT)
ZOUBOULIS Christos (DE)

Chief Executive Officer
INDUNI Nancy

EADV School
Upcoming courses

Training Courses for Residents 2018

Nails & Nails Diseases
5-7 April in Bologna, Italy
Course chairs: Prof B-M Piraccini and Prof B Richert

Virology
18-20 April in Liège, Belgium
Course chair: Dr A Nikkels
(Course also open to specialists)

Cryosurgery
18-20 April in Barcelona, Spain
Course chair: Dr P Pasquali
(Course also open to specialists)

Training Courses for Specialists 2018

Moh’s Micrographic Surgery for Tumors on the Face
2-3 February in Bucharest, Romania
Course chair: Dr M Leventer
(Course also open to residents)

Nail Surgery
22-24 March in Brussels, Belgium
Course chair: Prof E Haneke

Laser and Alternative Light Sources for Pigmentary Skin Alterations
26-28 April in Trieste, Italy
Course chair: Prof L Marini

And many more to come in 2018:
Tropical Dermatology, Botox, Phlebology, Dermoscopy, ...

For further information, deadlines and how to apply, visit the Courses Section on www.eadv.org or contact courses@eadv.org

Dates might be subject to modification.

• Resident courses are free of charge and EADV junior members receive an educational grant.
• Specialist courses guarantee you CME-CPD credits. The registration fee is 400 EUR for EADV members and 650 EUR for non-EADV members.
### Calendar of Events

#### 2017

<table>
<thead>
<tr>
<th>Event</th>
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<tr>
<td>8th International Congress Psoriasis from Gene to Clinic</td>
<td>30 November - 2 December 2017, London, United Kingdom</td>
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#### 2018

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<tr>
<td>3rd International Dermatology and Cosmetology Congress (INDERCOS 2018)</td>
<td>14-17 March 2018, Istanbul, Turkey</td>
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<td>15th EADV Spring Symposium</td>
<td>3-6 May 2018, Budva, Montenegro</td>
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<tr>
<td>5th World Congress of Dermoscopy</td>
<td>14-16 June 2018, Thessaloniki, Greece</td>
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<tr>
<td>5th World Psoriasis &amp; Psoriatic Arthritis Conference</td>
<td>27-30 June 2018, Stockholm, Sweden</td>
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<td>27th EADV Congress</td>
<td>12-16 September 2018, Paris, France</td>
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<td>19th Meeting of the European Association for Haematopathology</td>
<td>29 September - 4 October 2018, Edinburgh, United Kingdom</td>
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<tr>
<td>14th Congress of the EADO (European Association of Dermato-Oncology)</td>
<td>6-9 November 2018, Barcelona, Spain</td>
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<td>CILAD 2018</td>
<td>14-17 November 2018, Sao Paulo, Brazil</td>
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#### 2019

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<tr>
<td>24th World Congress of Dermatology</td>
<td>10-15 June 2019, Milan, Italy</td>
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<td>18th ESDaP Congress - &quot;The skin patient - a multidisciplinary challenge&quot;</td>
<td>20-22 June 2019, Giessen, Germany</td>
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<td>28th EADV Congress</td>
<td>9-13 October 2019, Madrid, Spain</td>
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#### 2020

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<tbody>
<tr>
<td>29th EADV Congress</td>
<td>23-27 September 2020, Vienna, Austria</td>
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